## City of Auburn 2017 Non-Affiliated & Commissioned Personnel

#### **Premera PPO**

#### Regular Full-Time & Part-Time Employees

	Total Cost 1/1/2016	Total Cost 1/1/2017	Employee Cost 1/1/2017	City Cost 1/1/2017
Regular Employee	\$610.92	\$698.14	\$0.00	\$698.14
Spouse	\$615.96	\$703.88	\$70.39	\$633.49
1st Dependent	\$275.89	\$315.29	\$31.53	\$283.76
2nd+ Dependents	\$219.45	\$250.80	\$25.08	\$225.72
Employee + Spouse	\$1,226.88	\$1,402.02	\$70.39	\$1,331.63
Employee, Spouse + 1 Dependent	\$1,502.77	\$1,717.31	\$101.92	\$1,615.39
Employee, Spouse + 2 or more Dependents	\$1,722.22	\$1,968.11	\$127.00	\$1,841.11
Employee + 1 Dependent	\$886.81	\$1,013.43	\$31.53	\$981.90
Employee + 2 Dependents	\$1,106.26	\$1,264.23	\$56.61	\$1,207.62

	Employee	City
Emp	\$0.00	\$698.14
Spouse	\$70.39	\$633.49
1st Dependent	\$31.53	\$283.76
2nd Dependent	\$25.08	\$225.72

Employee pays 10% of total cost for dependent(s) each month; City pays 90% of dependent cost and 100% for the employee

# City of Auburn 2017 Non-Affiliated & Commissioned Personnel Group Health (\$10 CoPay)

### Regular, Full-Time & Part-Time Employees

	Total Cost	Total Cost	Employee Cost	City Cost
	1/1/2016 (Group Health)	1/1/2017 (Group Health)	1/1/2017 (Group Health)	1/1/2017 (Group Health)
Regular Employee	\$591.02	\$598.11	\$0.00	\$598.11
Employee + Spouse	\$1,173.35	\$1,187.42	\$0.00	\$1,187.42
Employee, Spouse + 1 Dependent	\$1,470.21	\$1,487.85	\$0.00	\$1,487.85
Employee, Spouse + 2 or more Dependents	\$1,767.07	\$1,788.28	\$0.00	\$1,788.28
Employee + 1 Dependent	\$887.88	\$898.54	\$0.00	\$898.54
Employee + 2 Dependents	\$1,184.74	\$1,198.97	\$0.00	\$1,198.97

The City will pay up to the max of the Premera rate for the employee premium. The City pays per dependent premium up to the amount City would pay for Premera or maximum GH premium, whichever is lowest; employee pays the remainder